

STATE OF MAINE

USE BLUE OR BLACK INK ONLY

REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

DATE SUBMITTED: _____

SOCIAL SECURITY NUMBER: _____
(vendor code)

NAME: _____
first middle initial last

JOB TITLE: _____

WORK ADDRESS: _____

CITY: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ PHONE: _____

BARGAINING UNIT OR NON-STATE: _____

DEPT/AGENCY: _____

BUREAU/DIVISION: _____

PV	AGY	-	DOC NUMBER		
	ADV				
BATCH #					
FUND	AGENCY	ORG	APPROP	JOB NO	REP CAT
OBJECT	DESCRIPTION			AMOUNT	
4298	IN STATE TRAVEL ADVANCE				
4398	OUT OF STATE TRAVEL ADVANCE				
CHECK CATEGORY: _____					
ADDRESS TO FORWARD CHECK (circle one): HOME WORK					

ESTIMATED COST:		
AIR FARE		_____
MILEAGE	(_____ miles)	_____
TOLLS		_____
MEALS	(_____ meals)	_____
LODGING	(_____ nights)	_____
REGISTRATION		_____
OTHER		_____
TOTAL		\$ _____

DESTINATION: CITY: _____ COUNTY: _____ STATE: _____

DEPARTURE DATE: _____ TIME: _____ RETURN DATE: _____ TIME: _____

PERSON(S) TRAVELING WITH ME: _____

JUSTIFICATION FOR TRAVEL: Briefly describe the specific purpose of the trip and the expected benefit to the state.
Provide attachments where necessary, i.e., course description, agenda, brochure, car rental quote, airline quote, room rate waiver and car rental waiver.

JUSTIFICATION FOR LATE SUBMITTAL:

SIGNATURES/APPROVALS:

TRAVELER: _____

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): _____

SUPERVISOR/BUREAU DIRECTOR: _____

COMMISSIONER/COMMISSIONER DESIGNEE (Required for all out of state travel): _____